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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>	Docket Number (optional) <b>355774.00301</b>
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Arms Reach Concepts, Inc.</u></p> <p>and the title of my position with said assignee is: <u>CEO</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>	
Inventor <u>Douglas Tharalson</u>	Citizenship <u>United States</u>
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Inventor <u>Diana Tharalson</u>	Citizenship <u>United States</u>
Residence/Mailing Address <u>29995 Mulholland Highway, Agoura, CA 91301</u>	
<input checked="" type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.	
Patent Number <u>6,578,211</u>	Date of Patent Issued <u>June 17, 2003</u>
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p style="text-align: center;"><b>COMBINATION OF CO-SLEEPER AND CHANGING TABLE</b></p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>March 10, 2004</u> as reissue application number <u>10 / 797,933</u></p> <p>and was amended on <u>March 10, 2004</u> (if applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input checked="" type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p>	

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 355744.00301										
<p>At least one error upon which reissue is based is described as follows:          Failure on the part of the original attorney to correctly claim priority from a co-pending International application.</p>												
[Attach additional sheets, if needed.]												
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">07066</span></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Name	Registration Number								
Name	Registration Number											
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>												
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">07066</span></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Firm or Individual Name</p> <p>Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Country</p> <p>Telephone</p> <p>Email</p>												
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>												
<p>Signature </p>		<p>Date <span style="border: 1px solid black; padding: 2px 10px;">8/11/05</span></p>										
<p>Full name of person signing (given name, family name)          Bruce Martin</p>												
<p>Address of Assignee          27162 Sea Vista Drive, Malibu, CA 90265</p>												

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Page 1 of 1

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